7400-2451 JON 9MO

Form 990 (2017)

V Yes No

Phone no.813-254-3369

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Return of Organization Exempt From Income Tax

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			-			Signature	III	5₽
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st. (see instructions)		(3)(1) 0([35]			1 201(c)(3) X 201	mpt status:		
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732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► 610 S. BOULEVARD

Use Only

TAMPA, FL 33606

Form 990 (2017				61-
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NDING	NG THE AMERICAN PUBLIC		DANGERS OF DEFICIT SPI	
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[132,000.) (Aevenues	\$ 10 strasting grients of \$ 1		-
	a must be come as a second cours as well as a second		eacende, if any, for each program service re	
	ts three largest program services, as measur ount of grants and allocations to others, the t			
goodag, or not be	21100		I 'Yes," describe these changes on Schedu	
ON X Sey	it conducts, any program services?		Did the organization cease conducting, or n	
			os no sesivies wen esertiednoseb ",seY' t	l
Yes X No			SZE-099 to 099 min Tong	
	year which were not listed on the	int program services during the	Did the organization undertake any significa	5 (
CINE.	PROMOTES FISCAL DISCIP	UNTABILITY, AND	TRANSPARENCY AND ACCOU	
	IES' INCKEYSES CONEKNWI		ENDING SEENDING ENOWOL	Ī
			Briefly describe the organization aniesion:	J F
X	III he	Paint ni enil yns ot eton yo ean	Check If Schedule O contains a respo	

27-2189012 Page 2

Form 890 (SO17) ENDING SPENDING, INC. ENDING SPENDING, INC.

Form 990 (2017) ENDING SPENDING, INC.

(Z t o z)	066	Form		
X		61	complete Schedule G. Part III	
			Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "	61
X	\neg	48	1c and 8a? If 'Yes," complete Schedule G, Part II	
	- 1		Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Pad VIII, lines	81
X		44	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	
_			It had no espiring individual than \$10.000.21\$ and the solution of salidation is the organization of the organization of the contract of the c	21
X		91-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	
			Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	81
X		91	foreign organization? If "Yes," complete Schedule F, Parts II and IV	
			Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	91
X		14P	or more? If "Yes," complete Schedule F, Parts I and IV	
			investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	
			Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	q
х		691	Did the organization maintain an office, employees, or agents outside of the United States?	
X		13	Is the organization a school described in section 1/0(b)(/)(//(i)/2)? "Yes," complete Schedule E	£1
X		159	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	
^			Was the organization included in consolidated, independent audited financial statements for the tax year?	q
X		129	Schedule D, Parts XI and XII	
Λ			Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	621
X		111	the organization's liability for uncertain tax positions under FIM 48 (ASC 740)? If "Yes," complete Schedule D, Part X	
^			Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1
X		9l1	Did The organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	
X-		brr	Part X, line 16? If "Yes," complete Schedule D, Part IX	
^			Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	Р
X		or t	assets reported in Part X, line 167 If 'Yes," complete Schedule D, Part VIII	
Α.		- • •	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its fotal	э
X		drr	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	
A		48.6	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	q
X		str	IV hea	
Α.		-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule D,	6
			eldsoiligable.	
			If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parls VI, VIII, IX, or X	l.I
X		OF	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	
Α		0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	0
X		6	If "Yes," complete Schedule D, Pari IV	-
A		ľ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	
			Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Б
X		8	Schedule D, Part III	_
Α		"	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	9
X		L	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_
Α		_	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۷
X	-	9	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_
Α	ĺ		Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	9
37	-	G	similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	_
X		"	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	9
	_	Þ	during the tax year? If "Yes," complete Schedule C, Part II	_
		"	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Þ
	77	3	public office? If 'Yes," complete Schedule C, Part I	
	X	5	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3
	77	5	Is the organization required to complete Schedule B, Schedule of Contributors?	
37	X	1	If "Yes," complete Schedule A	
X		'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	
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οМ	Yes	1		

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Part IV Checklist of Required Schedules (continued)

Note. All Form 990 filers are required to complete Schedule O Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X Did the organization conduct more than 5% of its activities through an entity that is not a related organization If 'Yes,' complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2 32P b. If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity Part V, line 1 Dld the organization have a controlled entity within the meaning of section 512(b)(13)? X 329 ÞE X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and sections 301.777.105 and 3017.701.37 If Yes," complete Schedule R, Part I 33 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 35 If "Yes," complete Schedule N, Part I.

Did the organization sell, exchange, dispose of, or transfermore than 25% of its net assets? If "Yes," complete 35 X Ŀε Did the organization liquidate, terminate, or dissolve and cease operations? contributions? If "Yes," complete Schedule M X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did 1/he organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M X 62 director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 280 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 286 X A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L. Part IV 582 Instructions for applicable filing thresholds, conditions, and exceptions): Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV of any of these persons? If "Yes," complete Schedule L, Part III 12 X contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial complete Schedule L, Part II X 92 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes, " Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or Schedule L, Part I X **72**P that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 229 Sea Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? **249** sany tax-exampt bonds? 240 Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? StP Schedule K. If "No", go to line 25a 249 X last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24s Did the organization have a tax-exempt bond leave with an outstanding principal amount of more than \$100,000 as of the X 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Part IX, column (A), line 2? Մ "Yes," complete Schedule I, Parts I and III टट X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 12 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? **S0P** X 202 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Ves No

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Form 990 (2017) ENDING SPENDING, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

(2102)	066	шюЯ			
		14P	0 %	it Yes," has it tiled a Form 720 to report these payments? If "No," provide an explanation in Schedui	
X		5AL	******************************	Did the organization receive any payments for indoor tanning services during the tax year?	6 P L
			13c	Enter the amount of reserves on hand	9
			135	ansig this believe of the same	
			, ,	Enter the amount of reserves the organization is required to maintain by the states in which the	q
				Note. See the instructions for additional information the organization must report on Schedule O.	
		56t		Is the organization licensed to leave qualified health plant in more than one state?	6
				Section 501(c)(29) qualified nonprofit health insurance issuers.	
			1SP	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
		129	10412	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	tŞs
			115	amounts due or received from them.)	
				Gross income from other sources (Do not net amounts due or pald to other sources against	q
			GLT	Gross income from members or shareholders	8
			' '	Section 501(c)(12) organizations. Enter:	11
			10P	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	q
			10a	Initiation fees and capital contributions included on Part VIII, line 12	8
			' '	Section 501(c)(7) organizations. Enter:	01
		96	4	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	q
		£6	** ** ** *** * *** *** *** *** *** ** *	Did the sponsoring organization make any taxable distributions under section 4966?	В
				Sponsoring organizations maintaining donor advised funds.	6
		8	4+4+	sponsoring organization have excess business at any time during the year?	
			a by the	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	8
		44		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	
		67		If the organization received a contribution of qualified intellectual property, did the organization file Fo	
-		17		Did the organization, during the year, pay premlums, directly or indirectly, on a personal benefit conti	
		97		Did the organization receive any funds, directly or Indirectly, to pay premiums on a personal benefit or	
		_	PZ	If "Yes," indicate the number of Forms 8282 tiled during the year	
		27		of the Form 82828 mio Fall of	
		-	as required	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	9
	_	94	***************************************	If "Yes," did the organization notify the donor of the value of the goods or services provided?	
	 	67	Axces broxided to the payory	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	
		-	V = 111 14 17 17 1	Organizations that may receive deductible contributions under section 170(c).	
	X	q 9		were not tax deductible?	
	^	'-	icns or gifts	If "Yes," did the organization include with every solicitation an express statement that such contribut	q
	X	E3	* ** ***** ** ** ** ** ***	any contributions that were not tax deductible as chartable contributions?	
	*`	-	ne organization solicit	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	
-		20	*****************	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	
X		qç		Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transa	
<u>X</u>		53		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	
A			.(PABH) sinucoo.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	
				If "Yes," enter the name of the foreign country: ▶	
X		542	account)?	financial account in a foreign country (such as a bank account, securities account, or other financial	
A				At any time during the calendar year, did the organization have an interest in, or a signature or other	
	-	ЭP		If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	
<u> </u>	-	88		Fisey off grind erom 10 000, f\$ to emoon searg searized betslering each noitszinsgro off bid	
Α.	1			Note, If the sum of lines 12 and 22 is greater than 250, you may be required to e-file (see instructions	
	X	SP		If at least one is reported on line 2s, did the organization file all required federal employment tax retur	
	_		Sa Sa	filed for the calendar year ending with or within the year covered by this return	
				Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements,	
_	X	- JC		(gambling) winnings to prize winners?	
			ഉവയാ ഉപ്പോർ	Did the organization comply with backup withholding rules for reportable payments to vendors and re	
			0 qr	Enter the number of Forms W-2G included in line 1a. Enter ·0· it not applicable	
			II sr	Enter the number reported in Box 3 of Form 1096. Enter 0. If not applicable	
ON	S9Y.	-]**	The state of the s	
		1			

X

Form 390 (2017) ENDING SEENDING, INC. STATOUR TO lines 2 through 7b below, and for a "No" response Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

ON	SƏX		I set 1 seav xst adt to bod adt ta ybod onigneyon adt to gradmen onigve or under or retoral	-
				EL
			It there are material differences in voting rights among members of the governing body, or if the governing	
			body delegated broad authority to an executive committee or similar committee, explain in Schedule D.	
			Enter the number of voting members included in line 1s, above, who are independent	q
			Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	5
X	-	2	officer, director, trustee, or key employee?	
21			Did the organization delegate control over management duties customanly pedormed by or under the direct supervision	E
X		3	of officers, directors, or trustees, or key employees to a management company or other person?	
X		7	Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?	Þ
X		9	Did the organization become aware during the year of a significant diversion of the organization's assets?	9
X		9	Did the organization have members or stockholders?	9
AL.			Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	67
X		67	more members of the governing body?	-
X		72	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	q
v		٩z	persons other than the governing body?	_
	Х.	-8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8
	X	e8	Σγρασιασιασιασιασιασιασιασιασιασιασιασιασια	
	ਚ	d8	Each committee with suthority to act on behalf of the governing body?	
X		6	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	6
70			organization's mailing address? If "Yes," provide the names and addresses in Schedule Oode.) In a policies of the internal Revenue Code.)	202
οN	SeY		tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	296
X		501	Setsilitato enconization baye local changes or stillates or settillates.	-01
		1001	Did the organization have local chapters, branches, or affiliates?	
{		40F	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	a
X		El l	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before thing the form?	
			Passine in Schedule O the process, if any, used by the organization to review this Form 990.	
	X	129	Did the organization have a written conflict of interest policy? If "No," go to line 13	
	X	126	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
			Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	
	X	150	in Schedule O how this was done	2
	X	13	Did the organization have a written whistleblower policy?	E.
	X	44		£1
			Did the organization have a written document retention and destruction policy?	かし
			Did the process for determining compensation of the following persons include a review and approval by independent persons compensation and decision?	91
	X	ESI	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	-
	Х	dar	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	
	9.5	7001	Other officers or key employees of the organization If "Yes" to line 15s or 15h, describe the process in Schedule O (see instructions).	a
			It "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	~ਹ⊦
X		681	The organization street at, contribute assets to, or participate in a joint venture of smiles and general the year?	EQ1
			:f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ч
			in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	a
		491	exempt status with respect to such attendements?	
			ction C. Disclosure	398
			List the states with which a copy of this Form 990 is required to be filed ► MONE	21
	əįc	delisva	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	81
			for public inspection. Indicate how you made these available. Check all that appty.	
			Other (explain in Schedule) Other (explain in Schedule O)	
	isio	nsnit b	Describe in Schedule O whether (and it so, how) the organization made its governing documents, conflict of interest policy, and	61
			statements available to the public during the tax year.	
			State the name, address, and telephone number of the person who possesses the organization's books and records:	SO

33606

610 S. BOULEVARD, TAMPA, FL.

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* 0	. 0	. 0				X			1.00	(3) UANCY H, WATKINS
°696'9E	- 0	.126,898,2	i	├	-	X	-	_	2.00	PRESIDENT GENERAL COUNSEL
030 36	U	100 100 0				•			00.02	(2) BRIAN C, BAKER
* 0	. 0	.0	1	1		X	-	X		CHAIRMAN OF THE BOARD
· ·	"	"							1.00	(1) J, JOE RICKETTS
-			Former	Highest compensated employee	ŝ	Officer	Inst	lada	(enil	
anoitesinegro			i iii	nyee	Key employee	=	Institutional trustee	Individual trustee or directo	woled	
betalet bns		(0.000.000.000.000.000		a a	12.		l tu:	trust	erganizations	
organization	/ogun agai /2\	(W.2/1099·MISC)		1 8			Sie.	20 3	betated	
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other	betaler mort	moni	Ļ						week	
to Innome	compensation	compensation	(99)	rilod a Heurily	son is sorton	neq 24 lib 6 b	unies er anı	bax, offic	hours per	
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(4)	(3)	(a)				O) liso ^c	1		(8)	(A)
	irector, or trustee.	d any current officer, d	Pies	uedı	cou	uojj	ezin	orga	betated yns 10	Check this box if neither the organization no
:seekojdwe p	:: yidyear combeusare	otlicers; key employees	!se	əisn	ij lei	noit	ານຸງຣເ	ıı (sı	sees or director	List persons in the following order: individual trust and former such persons.
		ganizations.	10 b	elate	эл Уг	ie bi	ue u	oites	om the organiz	more than \$10,000 of reportable compensation in
,noitezine;	or or trustee of the org	acity as a former direct	csb	eqt						List all of the organization's former director
16 000,0	Ceived more than \$10	ated employees who re	sue	dwo						e List all of the organization's former officers, is not as included in the compensation of the compensation in the compensation.
enoitazinagro be	etelet yne bne noitezin	100,000 from the organ	s ue	qı ə.	ioui	10 (SIV	1-66	of Form 10 X x	able compensation (Box 5 of Form W-2 and/or Bo
hoger bevieser o	: ot key employee) wh	officer, director, trustee	ue	ուհե	per	io) a	yee	oldm	ie betsanedmo	o List the organization's tive current highest co
	",6	inition of "key employed	ļөр.	101 2	noit	omi	sui a	.1 Sei	oisą saw noits: vns ti "seevola	Enter ·0· in columns (D), (E), and (F) if no compens • List all of the organization's current key em
noiteaneqmo:	o to tranome to esetbre	gen ,(anoitasinagno no al	enb	ivibr	i 191	цзец	M) s	əəş	uni ,anotoenib ,	e List all of the opposite since is a second of the second
isey xst a'noitszin	with or within the organ									of behins table for all persons required to
		ed Emptoyees								Section A. Officers, Directors, Trustees, Key
			ΠΛ	/ hec	4 Sin	t ni				Check if Schedule O contains a responsa
										Employees, and Independen
		oyees, Highest Co	ŀĮdι	u <u>ə</u>	ζeλ	i 's	991	sn.	iT ,≳rotəəri	Part VII Compensation of Officers, D
Oll Page 7	27-2189					•	MC.	Ε	ENDING'	Eoum 880 (2017) ENDING SE
										1

Form **990** (2017)

77-82-11 T002ET

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			U2U AIO	an basisasi one (avous	กลเร	7		OL D	9311.61	II 10	_	S Total number of independent contractors (in \$100,000,000 of compensation from the organization from the orga
			954, 930	m begieses edu festede		1:, 00	~ 41		- 4;	:1 40	a find pails, la	all analogical free free free free free free free fre
				<u>.</u>	\vdash		_					
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	- / -		T 7.42-275	DIKECT		' S	ER.					DDC YDAOCYCX, LLC DBA DDC
. 00	0.9	90'	T TNEME	EXBENSE\BLACK VEDIA				Ши				MENTZER MEDIA SERVICES, I
	oijest	редшо	Sezivices C	Description of se								s assined bas smsN
		၁)		(8)								(A)
	11101	II HOUS										Complete this table for your five highest com the organization. Report compensation for the
	шол	if noits	2000 0015	2 dedt 930m bevieses ten	11 23/	0106	1100	J 100	pod	Juok	adi batesaga	Section B. Independent Contractors
X		S										rendered to the organization? If "Yes," comp
												5 Did any person listed on line 1s receive or ac
	X	ヤ										For any individual listed on line 1s, is the sum and related organizations greater than \$150,
X		3		It most acite and among sec								line 1 a? if "Yes," complete Schedule J for suc
Α.			ibjokee ou	ne betaaneqmoo taedeir	, סרו	, yee,	oldn	iλ eu	9) (KE			3 Did the organization list any former officer, d
οИ	29Y											
[aldalioqui io coo	יכפוגבת וווסוב נטפט פֿ ו סס'י	10.16	in G	1400	ie na	กระ	aso	us os pasiumi i	Total number of Individuals (including but not compensation including but not compensation including the organization ▶
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. 0			• 0	.0	4						Section A	c Total from continuation sheets to Part VII,
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	etalet I Oits sin				-	Highest compensated employee	Key employee		nstitutionaltiustee	עשו (בעול	enoitszinsgi woled	Q
	ijezini			(W.2/1099-MISC)		pensat	"		hustee	Stee 0	betalet	
	edi ma		(W·S/1099·MISC)	noitezinegro		8.				individual trustee or director	hours for	
aui	other other		trom related sanisations	moil edt	/00		10200	In # -	11/2 40	_	Week (list any	
J	ount c		noitsenaqmoo	compensation	ure t	Hod 8	I HOS	rag et ib a b	ejun	×0q	hours per	
	etsmi		Reportable	Reportable	Buc	ա աջվ։		i2O ^C n Aber		op)	Average	Mame and title
	(国)		(3)	(a)			(:)			(8)	(A)
			e (coutinued)	eested Employees	O 15	səyl	iHI!	Suc	'səə	ΛΟΙ	es' Key Emp	Part VII Section A. Officers, Directors, Truste

\$1-93-11 G007EZ Form 990 (2017) Total revenue, See instructions. . . 000'000' 4 0 Total, Add lines 11s-11d All other revenue Business Code Miscellaneous Revenue c Net income or (loss) from sales of Inventory P Fees: coet of goods sold and alowances 10 a Gross sales of inventory, less returns c Met income or (loss) from gaming activities ◂ p ress; quect exbeuses et anil ,VI hs무 9 a Gross income from gaming activities. See a fleet income or (loss) from fundisising events Other Revenue Less: direct expenses sed (of anil no behoder anothricities). See a gnibulani 💲 Gross income from fundraising events (not Met gain or (saol) no nisg teM (ssol) to rise sesuedxe sejes pue P Fess: cost or other basis assets other than inventory 7 a Gross amount from sales of se:junces (i) herito (ii) d Net rental Income or (loss) ⋖ (asol) to emponilistneR a P ress: rental expenses...... e Gross rents IseA (i) (ii) Personal zeillsyoA 9 Income from investment of tax-exempt bond proceeds other amiliar amuoms), Investment income (including dividends, interest, and Total. Add lines 28 St. eunever ecivies margorq retho IIA Program Service Revenue p q Business Code It st sent bbA JetoT if Contributions, Gifts, Grants and Other Similar Amounts '000'000'T ◀ \$ 111-a? sonil ni babuloni a nortudintnoo ricesco N .. B svods bsbulani ton statioms islimis ,000,000, I h All other contributions, giffs, grants, and Government grants (contributions) anoliszinsgro beisleA b рĻ c Fundising events JC Rembetship dues 1 a Federated campaigns (D) Revenue excluded from tax Under sections 512 - 514 revenue **Levenue** noilonul famexe pneruese (**8**) Related or Total revenue Unrelated Check if Schedule O contains a response or note to any line in this Part VIII

Page 9

ZT068TZ-LZ

Statement of Revenue

ENDING SEENDING' INC.

IIIV hsq

Form 990 (2017)

Form 990 (2017) ENDING SPENDING, INC. Part IX Statement of Functional Expenses

	* 11 * 1	
"A A THURSON DIDIGITION TERROL CHAMPZUIPA	22000 /07:500000000000000000000000000000000000	Section 501(c)(3) and 501(c)(4) organizations
(a) amilian elekamon in im panieziaemi	a sadde lib. Frienish a lie atala mea tailm	2000850060000000000000000000000000000000
107	17 110 - 1 - 1	17717777777

(O) gnisisibnu Pesnedxe	(C) Management and General expenses	(8) Program service expenses	if n: anil yns of afon 10 e (A) aaanegxa IstoT	Check if Schedule O contains a response of include emounts reported on lines 6b, b, end 10b of Pert VIII.
manus dus	200	135,000.	135,000	Grants and other assistance to domestic organizations
		* 0 00 / C C T	*000'CCT	mnd domestic governments. See Part IV, line 2.1 Grants and other assistance to domestic
				individuals. See Part IV, line S2
				Crants and other assistance to foreign
				organizations, foreign governments, and foreign
				3t bins 3t senil ,VI he9 e92 .slaubivibrii
				Senetits paid to or for members diversor
	2,895,921.		2,895,921	Compensation of current officers, directors, trustees, and key employees
				Compensation not included above, to disqualified
				persons (as defined under section 4958(f)(f)) and
	303 13		101 13	persons described in section 4958(c)(3)(8)
	· 505 ' T9		'S0S'T9	Other salaties and wages
	19,721,		19,721,	Pension plan accruals and contributions (include section 40 MV) and 403(b) employer contributions)
	24,735		74,735	Section 401(k) and 403(b) employer contributions) sinened beyoldmen article
	•1L0'SS		*TL0'SS	Sovet lies (G
				Fees fot services (non-employees):
				Management
	.701, T	.110,51	.814,0S	Legal
	34,452,		34,452,	- Antinuopa A
				Bujáqqo¬
				Professional fundraising services. See Part IV, line 1 V
				see) Inemaganam Inemiseval
	375 601	000 07	120 001	Other. (If line 119 amount exceeds 10% of tine 25,
	102,375	.000,04	142,375	column (A) amount, list line 11g expenses on Sch O.)
	776'9	.219,87	.518,87	Avertizing and promotion
	1.756'0		. 246, 8	Office expenses.
				Information technology
				Royalties
	'609'TL		1.609,17	Occupancy
			11.655/5/	Payments of travel or entire in ement expenses
				for any federal, state, or local public officials
	° L L 9 ′ L ₹	.095,23	* L90 '00T	Conferences, conventions, and meetings
				fastefal
				Payments to affiliates
_	168,213,		168,213.	Depreciation, depletion, and amortization
	.702		207.	- epingrice
				Other expenses, liemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)
		1,094,375.	1,094,375.	amount, list line 24e expenses on Schedule C.)
		350,000,	350,000	WEMBERSHIP FEES-LOGISTI
		106,327.	106,327.	DIRECT MAIL/TELEMARKETI
		*#98'T#	41,354,	POLLING
	'ST0'S	.007,71	22,715.	Ail other expenses
	3,500,850.	1,925,769.	5,426,619	SAS functional expenses. Add lines 1 through 24e
				Joint costs. Complete this I ne only if the organization
				reported in column (B) joint costs from a combined
				educational campaign and fundra sing soficitation.

Form 990 (2017)

Form 990 (2017						
1,497,192.	34	5,923,811.	sannsisd bruil\stesss ten bris satilik		ÞE	
1,497,192.	EE	£,923,811.	seseis or fund balances		93	2
*Z6I' L67' I	32	£,923,811.	l earnings, endowment, accumulated income, or other funds		32	Net Assets or Fund Balances
0	3.1	.0	r capital surplus, or land, building, or equipment fund		31	55
0	30	. 0	stock or trust principal, or current funds		30	S
			.AE riguonity DE sanii asiqr			읙
			ations that do not follow SFAS 117 (ASC 958), check here			5
	53		sitest net assets		58	
	28		stess for testricted net assets		28	ם
	72		ziesas ien beit		27	nc.
			e lines 27 through 29, and lines 33 and 34.			ίš
			ations that follow SFAS 117 (ASC 958), check here ▶ and			
* 0	56	.0	Bilities, Add lines 17 through 25		56	
	SS			Schedul		
			other liabilities not included on lines 17.24). Complete Part X of			
			bilities (including tederal income tax, payables to related third		92	
	54		seihsq brint betalernu of eldsysq ansol bns sefon be		54	
- -	53		zeitrag brint befaler to unrelated brind parties	Secured	23	
~	55		e Part II of Schedule L			abi
			loyees, highest compensated employees, and disqualified persons.			Liabilities
			nd other payables to current and former officers, directors, trustees,		22	Š
· · · · · · · · · · · · · · · · · · ·	21		or custodial account Lability. Complete Part IV of Schedule D		12	
	20		səlilidəli bnod iqr		SO	
	61		eurievenue eurievenue	berreleO	61	
	81			q sinsið	18	
	41		s payable and accrued expenses		71	
.197,192.	91	5,923,811.	Add lines 1 through 15 (must equal line 34)		91	
	91		then! W line 11		91	
.010,278	11	1,043,222.	1	ldignetnl	14	
	13		Fit enil (VI fine 9 ee. See Part IV, line 11		El	
	15		Then securities. See Part W, line 11		15	
· · · · · · · · · · · · · · · · · · ·	LL	_	up - publicly traded securities	emteevol	11	ł
	20f		dOf noistinendebelation		q	
			of Schedule O Schedule O	Dasis. Co		
			idings, and equipment: cost or other	rsud, bu	50f	
	6		segred charges		6	
-	8		es for sale or use		8	≽
	7		d loans receivable, net		L	Assets
	9		est beneficiary organizations (see Instr). Complete Part II of Sch L			្រជ
			vistrulov (9)(a) f02 noitaes to enoitastinagro grinoanoga bris a			
			958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
			10 bnu banites as) anoateq baltisupais tertro mort as/dsviecer received under	Loansan	9	
	9		J eluberto			
			key employees, and highest compensated employees. Complete	trustees,		
			d other receivables from current and former officers, directors,		9	
	b		receivable, net		Þ	
	3		and grants receivable, net		3	
	2		and temporary cash investments		2	
622,182,	ŀ	.682,088,⊉	gninsed teeting	Oash no	_ l	1
(B) End of year		(A) Beginning of year				
			Schedule O contains a response or note to any line in this Part X	Сиеск ц		

	36 mio=	** ***	***************************************	or audits, explain why in Schedule O and describe any steps taken to undergo such audits
	1.0	1jpr	nired at	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req
X	39			Act and OMB Circular A-133?
•		Jibu	ıA əlgni	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S
				If the organization changed either its oversight process or selection process during the tax year, explain in Sci
	5c	┥		review, or compilation of its financial statements and selection of an independent accountant?
		1 4	ibus adi	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the
				consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis
		'5	ised eti	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa
: -	বহ			Were the organization's financial statements audited by an independent accountant?
				Separate basis Consolidated basis Both consolidated and separate basis
				separate basis, consolidated basis, or both:
			e uo pe	If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviewe
	Sa			Were the organization's financial statements compiled or reviewed by an independent accountant?
			.O 8	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedulo
				Accounting method used to prepare the Form 990: X Cash Occural
N SE	9人			
7		****************		Check if Schedule O contains a response or note to any line in this Part XII
_				Tinancial Statements and Reporting
6T	′′∠6₹	, <u>r</u>	Or	column (B))
				Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,
			6	Other changes in net assets or fund balances (explain in Schedule O)
			8	Prior period adjustments
			L	sezneqxe inemizevnl
			9	Donated services and use of facilities
			S	Net unrealized gains (sezzol) anisp besilizeruu feM
18	623	' S	Þ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
T9	192₽	'₹>	3	Revenue less expenses. Subtract line 2 from line 1
T9	426	'S	ठ	Total expenses (must equal Part IX, column (A), Iline 25)
00	000	'Ҭ	1	Total revenue (must equal Part VIII, column (A), line 12)
				Check if Schedu'è O contains a response or note to any line in this Part XI
				tXI Reconciliation of Met Assets
965 ^c	7 T	-21890	17	980 (SO14) ENDING Shending' INC'

** ENBLIC DISCLOSURE COPY **

CMB No 1545-0047

Employer identification number

Z7-2189012

Schedule of Contributors

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Department of the Treasury

Name of the organization

Organization type (check one):

ENDING SEENDING' INC'

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.9ov/Form990 for the latest information.
CIOTRALINICO LO OIRROLICO

LHA For Paperwork Redu	etion Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017
but timust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedu's B (Form 990, 990-EZ, or 990 PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
year, contributions is checked, enter h purpose. Don't con	o described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year for an exclusively religious, charitable, etc., not a publies any of the parts unless the General Rule applies to this organization because it received nonexclusively after, contributions totaling \$5,000 or more during the year
o to noitnevention of c	ruelty to children or animals. Complete Parts I, II, and III.
	tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for
	described in section 501(c)(7), (8), or (10) filling Form 990 or 990 EZ that received from any one contributor, during the
s (f)(a)903 Snoitoes any one contributo	t described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(V), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from fr, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h; line 1h;
Special Rules	
	filing Form 990, 990 EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and It. See instructions for determining a contributor's total contributions.
o[1.6] [510405]	
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	version and elegans (also) as
	501(c)(3) taxable private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
4 9 .066 mio∃	noisbnuot exempt private foundation
	SZ7 political organization
	nonexempt charitable trust not treated as a private foundation
Z3-066 to 066 mio 7	T) (c)(c) (A) (enter number) organization
Filers of:	Pection:
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(p)		(၁)	147	(0)
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Person				
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noncash contributions.)				
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noncash contributions.)				
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et Identification number	Employ		noitezinsg	Name of or

Name of organization

27-2189012

ENDING SEENDING' INC'

Part II Noncash Property (see instructions). Use duplicate copies of Part ii if additional space is needed.

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(d) Date received	(c) FMV (or estimate) (See instructions.)		(b) Description of noncash property given	(£ .0 .m. (1)
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Page 4

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Schedule B (Form 990, 990 EZ. or 990 PF) (2017)

Inspection Open to Public T400-3431 , DM 9MO

Political Campaign and Lobbying Activities

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. For Organizations Exempt From Income Tax Under section 501(c) and section 527

Oepartment of the Treasury

SCHEDNIE C

(S3-066 no 066 mno⁻¹)

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If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then noitsmatini testal and the anoitourizini rol 000mo7\vog.eri.www of o⊇ ◀

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 527 organizations: Complete Part I-A only.

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II.A. Do not complete Part II.B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

tf the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tex) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

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yer identification number			ons: complete Part III.	Section 501 (c)(4), (5), or (6) organization	4
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Schedule C (Form 990 or 990-EZ) 2017

(election under section 501(h))	
Complete it the organization is exempt under section 501(c)(3) and has NOT filed Form 5/68	ย-แ กธ

((4) FOS	noitoes	under	(election	
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		(?) BAUTA	EDUCATIONAL MESSAGES OF BOTH A POLICY AND POLITICAL N
	ЕК	TOV	NZOKING	DIRECT POLITICAL ACTIVITY IN 2017, INCLUDING: (1) SPO
	D	MA 1	INDIBEC	THE NATION'S DEBT, ENDING SPENDING UNDERTOOK LIMITED
	4O S	ਅਤਦਮ	AU AHT I	NON-PARTISAN EDUCATIONAL AND ADVOCACY WORK FOCUSED ON
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	_	STI	O BE ON	ENDING SEENDING, SEENDWER FOR PORT OF THE SOLT CONTINUED I
				PART I-A, LINE 1:
				instructions); and Part II-B, line 1. Atso, complete this part for any additional information.
	ees) z pui	s F zeni	l (A-II hs9 ;(tail d	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group
	·		-	Nort IV Supplemental Information
		9		expenditure next year? 5. Taxable amount of lobbying and political expenditures (see instructions).
		Þ		
				4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ext does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and to
		€		Aggregate amount reported in section (A)(F)(a)(E)(3) Aggregate amounties fill a section 162(e) dues
		Sc		C Total
		SP		b Carryover from last year
	· · ·	23		B Current year
				expenses for which the section 527(f) tax was paid).
				2 Section 162(e) nondeductible tobbying and political expenditures (do not Inctude amounts of politi
		1	****	T Dues, assessments and similar amounts from members
				"Yes."
zi ,& en	: III-A, Iiı	hsq (",NO" OR	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered
	ction		on 201(c)(5),	3 Did the organization agree to carry over tobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), sections and the part III-B Complete if the organization is exempt under section 501(c)(4), sections and the part III-B Complete it the organization is exempt under section 501(c)(4).
		3		2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
		1		7 Were substantially all (90% or more) dues received nondeductible by members?
- ON	\$9 X			
			·	201(c)(6).
	noito	ot se	(c)(c)(c) uc	Part III-A Complete if the organization is exempt under section 501(c)(4), section
•••				d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?
				c If "Yes," enter the amount of any tax incurred by organization managers under section 4912
				Sa Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
				j Total. Add fines 1c through 1i.
		-		Other activities?
		-		h Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
	_	+		g Direct contact with legislators, their staffs, government officials, or a legislative body?
		1		f Grants to other organizations for lobbying purposes?
				e Publications, or published or broadcast statements?
				d Mailings to members, legistators, or the public?
				c Media advertisements?
				b Raid staff or management (include compensation in expenses reported on lines 1c through 1i)?
				SatastinioV, E
				local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:
				1 During the year, did the filling organization attempt to influence foreign, national, state or
B 1 44*	SHIP!		25.1	
		ON		of the lobbying activity.
(6	q)		(6)	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description

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Schedule C (Form 990 or 990-EZ) 201	
	DEKAL CANDIDATES.
OF OPPOSITION TO,	ONSORING INDEPENDENT EXPENDITURES IN SUPPORT OF
	rt IV Supplemental Information (continued)
27-218901 <u>2</u> Page	adule C (Form 990 or 990-EZ) 2017 ENDING SPENDING, INC.

(Form 990) SCHEDULE I

Department of the Treasury

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

OMB No. 1545-0047

Open to Public inspection

Go to www.irs.gov/Form990 for the latest information

WASHINGTON DC 20013 P.O BOX 75650 Internal Revenue Service WASHINGTON DC 20001 50 F STREET NW, SUITE 100 REPUBLICAN JEWISH COALITION AVE NW, SUITE 800 - WASHINGTON, DC ASSOCIATION - 1747 PENNSYLVANIA REPUBLICAN ATTORNEYS GENERAL 11250 WAPLES MILL ROAD INSTITUTE FOR LEGISLATIVE ACTION NATIONAL RIPLE ASSOCIATION WASHINGTON DC 20036 1400 16TH STREET NW, SUITE 515 AMERICAN POLICY COALITION Name of the organization INSTITUTE OF THE STUDY OF WAR Part II Part 1 (a) Name and address of organization Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance? Enter total number of other organizations listed in the line 1 table ... Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Grants and Dther Assistance to Domestic Organizations and Domestic Governments. Complete it the organization answered "Yes" on Form 990, Part IV, line 21, for any General Information on Grants and Assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed or government ENDING SPENDING, FAIRFAX, 26-0273675 45-3213088 52-1386172 501(C)(4) 46-4501717 53-0116130 (b) EIN INC 501(C)(4) 527 501(C)(3) 501(C)(4) (c) IRC section (if applicable) (d) Amount of cash grant 25 000 50 000 10,000 25 000 25 000 (e) Amount of assistance non-cash 0 0 (f) Method of valuation (book, FMV, appraisal, (g) Description of noncash assistance Employer identification number GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT (h) Purpose of grant or assistance X Yes 27-2189012

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2017)

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	dditional information	h) and any other a	a 2. Part III column	wired in Part I for	_
				:	
(f) Description of noncash assistance	(e) Melhod of valuation (book, FMV, appraisal, other)	(d) Amount of non- cash assistance	(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance

LFUG

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

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SCHEDOLE J

				on of the CEO/Executive Director, but explain in Part III.	stablish compensati	:Ә
			oj noi	tor. Check all that apply. Do not check any boxes for methods used by a related organiza	EO/Executive Direct	0
				of the following the filling organization used to establish the compensation of the organization		
	_	3	******************	, including the CEO/Executive Director, regarding the items checked on line 12?	ustees, and officers,	nî
				equire substantiation prior to reimbursing or allowing expenses incurred by all directors,		
	-	gı .		vision of all of the expenses described above? If "No," complete Part III to explain		
				line 1a are checked, did the organization follow a written policy regarding payment or	any of the boxes on	Иd
			nı, chel)	ending account Personal services (such as, maid, chauffi	Discretionary spe	٦
				ion and gross-up payments Health or social club dues or initiation fee	tasitinmebni xaT 📙	ヿ゙
			epanepia	n Isnosing to eau aseinat for business use of personal in	sqmoo not lave1T 📙	i
			esu lsn	arter travel Housing allowance or residence for personance	First-ciass or cha	ゴ
				e 1a. Complete Part III to provide any relevant information regarding these items.	art VII, Section A, IIn	<u>.</u>
			1066	e box(es) if the organization provided any of the following to or for a person listed on Form	heck the appropriate	la Ci
ON	Yes	 				
				Regarding Compensation	1 Questions	Part
	7	1068	S7-SI	ENDING SEENDING' ING'		
per	шпи и	oificatio	Employer ide		noitazinagro edit to	эшви
		ot negO segant		► Go to www.irs.gov/Form990 for instructions and the latest information.	ent of the Treasury Sevenue Service	
				Comptete if the organization answered "Yes" on Form 990, part iV, line 23.		
	L	.02		For certain Officers, Directors, Trustees, Key Employees, and Highest	(066 t	(Form

X Approval by the board or compensation committee

Compensation survey or study

Written employment contract

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation Only section 501(c)(3), 501(c)(4), and 501(c)(29) or ganizations must complete lines 5-9. If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. Participate In, or receive payment from, an equity-based compensation arrangement? 24 X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X qb Receive a severance payment or change of control payment? 망 organization or a related organization: During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation If "Yes" on line 5a or 5b, describe in Part III. Snoissinsgio beisler yn A d X qg 7ne organization97 eg contingent on the revenues of:

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments If "Yes" on line 52 or 6b, describe in Part III. Snoilsasinegro balalar yn A X 99 7noitszinsgro arT s :to againtse ten edt no traenitrico

initial contract exception described in Regulations section 53.4958.4(a)(a) ? ? es.* describe in Part IIf Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the not described on lines 5 and 6? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2017

8

X

X

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Regulations anoitable 5.498-6(a)?

Form 990 of other organizations

Compensation committee

Independent compensation consultant

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each inclividual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. Do not list any individuals that aren't listed on Form 990, Part VII.

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0.	2,932,890.	36,969.	0.	0.	0.	2,895,921.	(1) BRIAN C. BAKER (i)
reported as deferred on prior Form 990			compensation	(III) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation in column (B)	(E) Total of columns (B)(i)-(D)	(O) Nontaxable (o)	(C) Retirement and other deferred	SC compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of	
		Ⅎ					

Open to Public nolfoequin

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Cepartment of the Treasury internal Revenue Service

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(Form 990 or 990-EZ)

SCHEONTE 0

27-2189012 Employer identification number

ENDING SEENDING' INC

(Tros) (S3-089 no 089 mnoil to A goilthead S. Signature of the second to A goilthing A goi
HESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC
ORM 990, PART VI, SECTION C, LINE 19:
HEN DOCUMENTED IN THE RESPECTIVE EMPLOYMENT ACREEMENTS.
ECOLIVLED AT ARM'S LENGTH. THE AGREED UPON COMPENSATION ARRANGEMENTS WERE
IRECTORS. THE COMPENSATION WAS DETERMINED USING COMPARABILITY DATA AND WAS
ENIEMED WID APPROVED BY THE INDEPENDENT, NON-INTERESTED BOARD OF
OWDENSATION PAID TO OFFICERS/KEY EMPLOYEES OF THE ORGANIZATION WAS
ORM 990, PART VI, SECTION B, LINE 15:
RING IN OUTSIDE EXPERTS TO ACT IN AN ADVISORY CAPACITY.
HE ORGANIZATION CONDUCTS PERIODIC REVIEWS TO ENSURE COMPLIANCE AND CAN
ORM 990, PART VI, SECTION B, LINE 12C:
ACREADANCE DE BETA NO CUA ARTARIA NOCA C
O SUCH REVIEW WAS OR WILL BE CONDUCTED.
ORM 990, PART VI, SECTION B, LINE 11B;
RGANIZATION'S GOALS.
EDIA, AND WORKED TO ORGANIZE THE GRASSROOTS TO ACHIEVE THE
NDING SPENDING ALSO USED MASS MEDIA ADVERTISEMENTS, SOUGHT EARNED
HOMING HOM WEWBERS OF CONGRESS VOTED ON VARIOUS SPENDING PROVISIONS.
ORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
- PRESENTE TOTODA EDITION MACOOCC AN OWILL TIT MONG AND MOC

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related

			(a) Name, address, and EIN of related organization	Part IV organization of Related Organizations taxable as a corporation of trust complete in the organizations treated as a corporation of frust during the lax year.						Name, address, and EIN of related organization	organizations treated as a partnership during the tax year. (a) (b) (c)
			3 E	ganization or trust during						Primary activity	(b)
			Prim	ng the tax						Legal domicile (state or foreign country)	(c)
		į	(b) Primary activity	year.						Direct controlling entity	(d)
			(C) Legal domictle (state or foreign country)							Predomin (related, excluded fr sections	
			(a) Direct controlling entity	ie organizan						Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)
	:		olling Type of entity (C corp. S carp. or trust)	and worker in		,				Share of total income	3
			f entity S corp, ust)			 				Share of end-of-year assets	(g)
	:		Share of total		2000 024						
								-		Disproposionale allocations? Yes No	Ē
			Share of Fend-of-year assets		bacalles it ha					Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	3
			Percentage ownership		one or my					General or managing e paymer? S) Yes No	6
			Section 512(b)(13) controlled entity?		ro rolated					General or Percentage managing ownership paring? Yes No	(K)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

¥2017	Schedule R (Form 990) 2017	Schedule			
					(6)
					(5)
					4)
					(3)
					(2)
	nvolved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a·s)	(a) Name of related organization
		covered relationships and transaction thresholds.		ho must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including
×	is in				Other transfer of cash or property from related organization(s)
×	=				r Other transfer of cash or property to related organization(s)
×	ā				q Reimbursement paid by related organization(s) for expenses
4 3					p Reimbursement paid to related organization(s) for expenses
×	<u> </u>				
×	ਰ				
×	in				n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×	ā	· · · · · · · · · · · · · · · · · · ·		nization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
×	=			nization(s)	
×	*				k I ease of facilities, equipment, or other assets from related organization(s)
×					j Lease of facilities, equipment, or other assets to related organization(s)
×	===				i Exchange of assets with related organization(s)
×	<u> </u>	《《《《《》 《《》 《《》 《《》 《《》 《《》 《《》 《《》 《》 《》			Purchase of assets from related organization
×	10				g Sale of assets to related organization(s)
×	=				Dividends from related organization(s)
Þ	ē				e Loans or loan guarantees by related organization(s)
4 >	. 5				d Loans or loan guarantees to or for related organization(s)
4 0					c Gift, grant, or capital contribution from related organization(s)
4 Þ	5 6				b Gift, grant, or capital contribution to related organization(s)
4	r ā				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
×	3	Parts II-IV?	lated organizations listed in	with one or more re	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-197
1					Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

																						of entity	(a)	THE RESTROY OF GRANDER CONTRIBUTIONS ASSESSMENT AND ASSESSMENT OF CONTRIBUTIONS PROPERTY.
				-				1			.1												Primary activity	The section of the se
																					country)	(state or foreign	(c)	
																					sections 512-514)	(related, unrelated,	Predominant income	
-											_							_			Yes No	501(c)(3)	Are all	<u> </u>
																					income		Share of	
																					assets	end-of-year	Share of	(2)
-										1									halder Polland		Yes No	afforzations	Dispropor	(h)
>	-											•									(Form 1065)	allocations? of Schedule K-1 partner? ownership	Code V-UBI	6
							1			1	_	_		-						_	 Yes No	managing partner?	General or	2
0001 00147																						ownership	Percentage	R)

ENDING SEENDING' INC.

27-2189012 Page 5

OMB No. 1545-1709

Form 8868 (Rev. 1-2017)

Exempt Organization Return Application for Automatic Extension of Time To File an

(Rev. January 2017) **8988** m107

internal Revenue Service Oepartment of the Treasury

. 6388 mol/vog.zrl.www.ts al anoitburstall at bns 8388 mol fout anoitsmaster 🚄 File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Automatic 6-Month Extension of Time. Only submit original (no copies needed). filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic forms listed below with the exception of Form 8670, Information Return for Transfers Associated With Certain Personal Benefit

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

or payment	of O3-6788 mto3 b	ns O∃·8	bit) with this Form 8668, see Form 8453	eb toerib)	on: It you are going to make an electronic funds withdrawal										
- 0	\$	30	ctions.	untani ees	by using EFTPS (Electronic Federal Tax Payment System).										
•			h this form, if required,	fiw tnemy	Balance due, Subtract line 3b from line 3a. Include your pa	9									
* 0	S	39	llowed as a credit.	ayment al	estimated tax payments made. Include any prior year overp										
•			y refundable credits and	, enter an	If this application is for Forms 990-PF, 990-T, 4720, or 6069	9									
* 0	\$	33			nonrefundable credits. See instructions.										
•			enter the tentative tax, less any	ot 6969,	If this application is for Forms 990·BL, 990·PF, 990·T, 4720,	6£									
	- ::	<u> </u>	-		Change in accounting period										
	ι	al returi	on: Lipitial return Lipitin	neck reas	If the tax year entered in line 1 is for less than 12 months, c	2									
	. —		gnibne b	ns ,	■ tax year beginning										
					X calendar year 2017 or										
			on's return for:	organizatik	for the organization named above. The extension is for the o										
uir	pt organization retu	шөхө ө	MBER 15, 2018 , to file the	NOAE	I request an automatic 6-month extension of time until	1									
			ich a list with the names and ElNs of all	eite bns	 If it is for part of the group, check this box 	ход									
-	(he whole group, c				nis is for a Group Return, enter the organization's four digit	11.11									
	◀	********	lited States, check this box	nU extrui :	ne organization does not have an office or place of business	## •									
			Egx No. ► 813-253-3280		ephone No.▶ 813-254-3369	lθT									
	·~ ·			. – Д	a books are in the care of 🏲 610 S. BOULEVAL	HT •									
			.A.T.AVAM	E COI	KOBEKL MYLKINS										
15	Form 990-T (frust other than above) Form 990-T (frust other than above)														
11	Form 990-T (sec. 401(a) or 408(a) frust) 05 Form 6069														
10			Form 5227	⊅ 0	∃d:066										
60			Form 4720 (other than individual)	60	(individual)										
80	_		A-1401 mo3	05	1a·066										
20	 		Form 990-T (corporation)	FQ.	Z3-066 m10-1 10 066	Form									
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Return			Application	Return	noifea	ailqqA									
TO			(muter tot each return)	eteqas s	the Return Code for the return that this application is for (file	Enter									
			ress, see instructions.	reign add.	City, town or post office, state, and ZIP code. For a fo	instructio									
				FF:	(7)771 A CT C C C C C C C C C C C C C C C C C	S miulat									
{	:urity number (SSM	cial sec	os suoi	e instruct	Mumber, street, and room or suite no. If a P.O. box, so	File by It due date filing you									
2.	27-218901				ENDING SEENDING' INC'	1ujud									
10 (EIN) ot	identification numb	ıbloyer	Eu	.enoita	orr Name of exempt organization or other filer, see instruc	Type									
1ber	nun gniyîitnəbi e'r	elit tet	Επ												
			.sn	tax retur	enconi elii ot emit to noisnetten an tseuper ot 4007 mrot esu	n jenw									

For Privacy Act and Paperwork Reduction Act Notice, see instructions.